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11-22-02 2813 \$
EV182657788

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/754,926
	Filing Date	January 4, 2001
	First Named Inventor	Ahn
	Group Art Unit	2813
	Examiner Name	E. Kielin
Total Number of Pages in This Submission	Attorney Docket Number	MI22-1533

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (\$180)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- PTO Return Postcard.
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	- Chk. #137074.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	- PTO-1449 and copy of cited references.
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	David G. Latwesen, Ph.D.	#38,533
	Wells St. John P.S.	
Signature		
Date	11/20/02	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____		
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Signature	EV182657788	Date

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FV182657788

PTO/SB/17 (11-01)

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Compleat if Known

Application Number	09/754,926
Filing Date	January 4, 2001
First Named Inventor	Ahn
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Group Art Unit	2813
Attorney Docket No.	MI22-1533

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

(Chk. #137074)

Deposit
Account
Number
Deposit
Account
Name

23-0925

Wells St. John P.S.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application☒ Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account. (deficiencies)**FEE CALCULATION only)****1. BASIC FILING FEE**

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	Utility filing fee	
106	330	Design filing fee	
107	510	Plant filing fee	
108	740	Reissue filing fee	
114	160	Provisional filing fee	

SUBTOTAL (1) (\$) -0-

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	9 - 20** = 0	0	0
Multiple Dependent Claims	1 - 3** = 0	0	0

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	Claims in excess of 20	
102	84	Independent claims in excess of 3	
104	280	Multiple dependent claim, if not paid	
109	84	** Reissue independent claims over original patent	
110	18	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for <i>ex parte</i> reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 460 Extension for reply within third month	
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,280	241 640 Petition to revive - unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	180
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 180

SUBMITTED BY

Name (Print/Type) David G. Latwesen, Ph.D.

Registration No.
(Attorney/Agent)

38,533

Complete (if applicable)

Telephone 509-624-4276

Signature

Date 11/20/02

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